



BENEFICIARY CHANGE FORM

Section I: Personal Information (PLEASE PRINT)

Form fields for personal information including Last Name, First Name, MI, Social Security Number, Date of Birth, Mailing Address, Home Phone, City, State, Zip Code, and Alternate Phone.

Section II: Paperless Delivery

By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via U.S. Mail to the address provided above.

[] I do NOT consent to Paperless Delivery. Please provide the documents related to my plan via U.S. Mail.

Section III: Beneficiary Designation (will replace any prior designation)

This beneficiary designation applies to all funding options unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%; and 3) SSN is required for all listed beneficiaries. Failure to supply an SSN will result in the beneficiary designation being incomplete and can not be accepted; and 4) If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

[] I have additional beneficiaries. If you want to designate more than two of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations must total 100%): [] Equal Percentage

Form fields for primary beneficiary information including Full Name, Allocation, Relationship, Social Security Number, Date of Birth, Address, and Phone for two beneficiaries.

